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Feasibility and the care-full just city: Overlaps and contrasts in the views of people with disability and local government officers on social inclusion

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Feasibility and the care-full just city: overlaps and contrasts in the views of people with disability and local government officers on social inclusion

Abstract

In this paper we consider how ‘feasibility’ considerations in urban policymaking fit within wider theories of the care-full just city. Specifically, we consider practical ways to bring together what people with disability consider the most important initiatives to enhance their social inclusion in the city, and the perceptions of local government officers about what initiatives are feasible to implement in the context of complex urban governance structures. While feasibility and care-full justice might appear incompatible, we argue that notions of responsibility, competence, resourcing and action are all integral to both ‘feasibility’ and the care-full just city. This discussion is informed by empirical data from a research project undertaken in the City of Melbourne, Australia, following a mixed-method approach called group concept mapping. We organised a series of structured workshops with people with physical and mobility, sensory, intellectual, and psychosocial disabilities, and with government staff, disability advocates, and academics to collect ideas on how to enhance social inclusion for people with disability in the City of Melbourne, and to rate the importance and feasibility of those ideas.

Keywords: Disability, Ethics of care, Care-full justice, Social inclusion, Group concept mapping

INTRODUCTION

A new wave of urban scholarship applies the lens of care-full justice - bringing together ethics of care and ethics of justice - to analyse the various ways in which injustices and need for care are being, or might be, repaired in cities (Conradson, 2003; Mee, 2009; Power, 2019; Williams, 2017). In this paper we apply a care-full justice lens to consider what actions are ‘important’ and ‘feasible’ to achieve greater social

inclusion for people with disability in cities. Specifically, we explore how notions of ‘feasibility’ might advance theories and practices towards the care-full just city.

On the surface, the hard-nosed ethos implied in ‘feasibility’ seems contrary to both the idealism of justice, and the emphasis on caring relations found in feminist ethics of care. Feasibility, with its emphasis on constraints and realism, also seems incompatible with more radical or transformative visions towards social change in cities. Yet, in this paper we argue that the notion of feasibility is not only compatible with, but should be central to, formulations of the care-full just city. The emphasis on responsibility, competence, resourcing and action alluded to in ‘feasibility’ are well-aligned with the grounded approach lauded in care ethics, while also requiring deep engagement with questions of distributive justice. Furthermore, we propose that feasibility consideration can be transformative when it is not used as an excuse to avoid action, but when instead it is applied as a tool to highlight structural constraints and to guide actions towards both immediate impact and longer-term societal transformation.

These theoretical tensions between care, justice and feasibility, translate into a set of more practical research questions with direct implications for urban policy and research: how might projects that are both feasible and promote care-full justice be identified and promoted? And, what are the benefits and risks of such an approach? In this paper we address these questions with an exploration of an empirical methodology that compares what people with disability consider the most important initiatives to enhance their social inclusion and the perceptions of local government officers about what initiatives are feasible to implement in the context of complex urban governance structures. Therefore, this study aimed to identify ideas that can help make an inner city local government area more inclusive for people with disability. It further aimed to ascertain which of these ideas are the most important, and feasible to implement. The research project was undertaken in the City of Melbourne, Australia, using a mixed-method approach called group concept mapping. A series of structured workshops with people with physical and mobility, sensory, intellectual, and psychosocial disabilities, and with government staff,

disability advocates, and academics were held to collect ideas on how to enhance social inclusion for people with disability in the City of Melbourne, and to rate the ‘importance’ and ‘feasibility’ of these ideas.

While our empirical work is focused on Melbourne, we argue that similar questions surrounding feasibility in policies to promote social inclusion for people with disability are applicable to many other cities of the world. The United Nations Convention on the Right of Persons with Disabilities recognises “the equal right of all persons with disabilities to live in the community, with choices equal to others” (Article 19) and emphasises the responsibility of all signatory states – including Australia – “to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community” (UN General Assembly, 2006). The right to be included in the community includes the opportunity to choose where and with whom one lives on an equal basis with others, access to personal and community support services and facilities. The Convention also stresses people with disabilities’ right for personal mobility with the greatest possible independence. Statements on inclusion include the right to not be excluded on the basis of disability from general or mainstream systems of employment, education, and health, and the right to participate on an equal basis with others in political and public life, cultural life, recreation, leisure and sport (Australia Bureau of Statistics, 2016). Yet, people with disability continue to experience vast inequalities, including in income and wealth (VicHealth, 2012), labour market participation (Emerson, et al., 2018), community participation, education attainment (VicHealth, 2012), health and well-being (Allerton & Emerson, 2012; Australian Institute of Health and Welfare, 2010; Emerson, 2011; Emerson, et al., 2011; Emerson & Robertson, 2010; Emerson, et al., 2009; Emerson, et al., 2012), and legal justice (Australian Human Rights Commission, 2013). We argue that addressing these multi-dimensional and complex challenges requires a care-full justice approach that centres around the voices of people with disability, but also to feasibility considerations, both of which attentive to notions of responsibility, competence, resourcing and action.

The subsequent sections offer firstly, a theoretical discussion on the relationship between justice, care and feasibility; secondly, presentation of our empirical study applying an innovative method to identify projects that are both feasible and promote care-full justice, for people with disability in the City of Melbourne; and, thirdly, a concluding discussion about the potential benefits and risk in applying feasibility care-full justice considerations to prioritisation of urban policies.

Justice, Care and Feasibility

Care and Justice

In our framing of care-full justice, we draw on Miriam Williams' (2016) concept which contests the binary thinking that positions care ethics and justice as mutually exclusive. As argued by Williams, care is often framed as particular, emotional and embodied, in direct opposition to the universal, rational, and abstracted nature of justice. Rather than oppositions, her care-full justice framework highlights the ways in which care and justice are interdependent (Conradson, 2003; Mee, 2009; Power, 2019; Williams, 2017). For instance, as pointed out by Lynch (2013), 'The world of care is [...] deeply interwoven with economic, political and cultural relations, and inequalities in the latter can undermine the capacities and resources to do love, care and solidarity work'. Drawing on Clement (1996) and Held (2006), Williams (2017) care-full justice framework brings together fairness and equity, as ideals of justice, alongside mutual wellbeing, as an ideal of care. In the following subsections, we consider the place of 'feasibility' in both justice ethics and care ethics, and its potential to bridge between the two.

The valorising of participatory approaches to research is one of the features shared by both care and justice ethics. Care is regarded as an ongoing process that involves 'taking the concerns and needs of the other as the basis for action' (Tronto, 1993). Care ethics also emphasise relations, and the transformative potential of participatory research is associated with relationships that evolve between researcher and participants through ongoing collaboration (Evans, 2016; Pain, 2014). From a justice perspective,

participatory research has been framed as necessary due to the expertise of marginalised people on their own oppression, their “right to research” and its explicit commitment to guiding action towards social change (Fine, 2009). Specifically in disability studies, there is growing commitment to participatory research approaches, although often in practice the equitable sharing of control over the research process is questionable (Stack & McDonald, 2014).

Justice and Feasibility

The question of whether considerations about ‘feasibility’ should inform formulations of justice has prompted lively debate among political philosophers in recent years. An idealistic view of justice insists that its moral principles must not be corrupted by feasibility concerns that reflect a “morally rotten status quo” (Gilbert, 2017). From this perspective, feasibility considerations must be separate to the ‘evaluation’ of what is just or unjust and should only be accounted for in a separate ‘prescriptive’ discussion on what are the recommended actions to achieve just outcomes in practice.

A contrasting philosophical view proclaims that a principle of justice cannot entail infeasible practical requirements, because such a principle would have no value in guiding the actions of responsible agents (Valentini, 2009). From this perspective, the label of injustice should be applied to evaluate not a given *state-of-affairs*, rather the nature of *actions* such as mistreatment of others, or failure to take action to prevent or remedy hardship (Sen, 2008; Swift, 2008). Yet, since capacity for action is inevitably shaped by the state-of-affairs of unequal distribution of resources (Butler, 2015; Lynch, 2013), further consideration must be given to the relationship between feasibility and distributive justice.

Feasibility and distributive justice are interconnected in complex ways. On the one hand, allocation of resources to make just actions feasible can be understood as one form of redistribution that seeks to produce equitable outcomes rather than support those already well off (Fainstein, 2014). On the other hand, redistributive programs themselves are subject to feasibility consideration. (Fraser, 1995), for

example, famously distinguished between ‘affirmative’ and ‘transformative’ redistributive programs. While affirmative programs appear more feasible, they leave intact the underlying political-economic structure that gives rise to unequal distribution in the first place. Either way, incorporating feasibility consideration into frameworks of distributive justice is well aligned with approaches that seek to shift the focus from inequalities in what people *have*, to inequalities in what people *can do* (see for example (Pereira, Schwanen, & Banister, 2017) call to combine distributive justice frameworks with capabilities thinking).

Feasibility and Care

The notion of ‘feasibility’ is central to three fundamental aspects in care ethics: action, groundedness, responsibility and competence. An ethics of care is centred on actions and practices rather than a set of rules. Care ethics are not about achieving the ideal outcome, rather taking actions “so that we can live in the world as well as possible” (Holstein, 2001). These ideas point to the groundedness of care ethics, which emphasises the mandate to do one’s best within circumstances. An implicit notion of ‘feasibility’ – an acknowledgement of constraints and a focus on possible actions rather than abstract rules determining what ought to be done – therefore goes to the heart of care ethics.

Responsibility towards others is another key concept in care ethics. ‘Caring about’ involves becoming aware of others, paying attention and listening to their articulated needs. ‘Caring for’ involves assuming responsibility to meet an identified need, while supporting the autonomy of those who have articulated the relevant need (Holstein, 2001). Thus, care ethics point to people’s responsibility towards others, as best they can within circumstances.

On the surface, this implies that feasibility considerations determine our responsibility as individuals and collectives: we can only be responsible for those actions that are feasible. However, care ethics also offer a more complex understanding of competence as an aspect of feasibility and responsibility. As argued by

Tronto (1993), “Although we often do not think of it this way, competence is the moral dimension of caregiving. Incompetent care is not only a technical problem, but a moral one”. Thus, lack of competence to undertake an action does not relieve one from responsibility on grounds of ‘infeasibility’; on the contrary, in care ethics developing the competence to give (and receive) care, is a high-order moral responsibility in itself.

As discussed above feasibility consideration is integral to both justice and care ethics. These theoretical insights raise the practical questions of how to identify projects that are both feasible and promote care-full justice in cities. In the following section we present one approach to identify ideas that are feasible and can promote care-full justice.

METHODS

Study setting: The City of Melbourne

The City of Melbourne is the central Local Government Area (LGA) of Greater Melbourne, Australia’s second largest metropolis accommodating approximately 4.5 million residents. The City of Melbourne includes Melbourne’s original colonial settlement, which is now known as the city’s Central Business District (CBD), and a few surrounding suburbs such as Docklands and Carlton. The CBD serves as a significant hub of government offices, commercial activity, employment and entertainment (Australian Bureau of Statistics, 2017). The City of Melbourne is one of the fastest growing LGAs in the country. The City saw its population double since 2001, and currently has approximately 136,000 residents. In 2016, the City was estimated to attract approximately 911,000 daily visitors which represents a 6 percent increase over two years. Most of this growth is concentrated in the CBD and is expected to continue into the future (City of Melbourne, 2017).

The most prevalent forms of disability among City of Melbourne residents include physical (35%), sensory (15%), psychosocial (11%), and intellectual (9%) disabilities (City of Melbourne, 2014). In

Australia, all levels of government – Commonwealth, State, Territory and local – are required to develop policies, deliver programs and services and fund infrastructure to remove barriers for people with disability, as stated in the National Disability Strategy 2010-2020 (Council of Australian Governments, 2011). The City of Melbourne’s disability action plan was previously part of its wider *Melbourne for All People Strategy, 2014-17*. A primary goal stated in the *Melbourne for All People Strategy* is to turn Melbourne into “a barrier free city for people of all ages and abilities”, including supporting employment of people with disability at the City of Melbourne, ensuring its facilities and communications are accessible. With the ongoing privatisation of essential services such as transport and telecommunication, the action plan emphasises the importance of partnering with businesses and other organisations in the municipality to improve accessibility in areas that now sit outside the direct control of local government.

Methodological Approach: Group Concept Mapping

This project used group concept mapping (GCM) (Trochim, 1989), a mixed-method approach designed to collect qualitative data from the population groups who are affected by, or affect, the issue under consideration (Trochim & Kane, 2005). The method contains two main steps: first, workshops are held to brainstorm statements in response to a focus prompt, and second, the statements are sorted into themes, and each statement is rated on a Likert scale. Tasks can be completed in-person or online.

Participants were invited through a range of channels and known networks, including those of the City of Melbourne and the Melbourne Disability Institute at the University of Melbourne. With an eye on prioritising the views of people with disability, the study was designed to have greater representation from people with disability and City of Melbourne staff (hereafter referred to as government staff), than from disability advocates and academics. The total number of participants for each task by disability group are presented in Table 1.

TABLE 1 ABOUT HERE

Brainstorming was undertaken in five structured workshops: a pilot workshop consisting of people with varying disability types, and one subsequent workshop for each of physical and mobility disability, sensory disability, intellectual disability, and psychosocial disability. The workshops comprised two parts – a small group discussion to generate ideas and a whole group discussion around the generated ideas from each group. The second part provided an opportunity for more ideas to emerge. A facilitator moderated both parts of the workshops. During the workshops, participants were seated at tables each containing four types of participants: people with disability, government staff, disability advocates and academics.

Each workshop started with an explanation of the aims of the project and workshop structure. A group discussion was then prompted with the question “What are some ways that the City of Melbourne could be made more inclusive for people with [insert disability type] disability?”. The prompt was changed to reflect the disability type on which that workshop focused. Participants were advised that there were no wrong or infeasible ideas at this stage of the research and were encouraged to consider ideas relating to all life domains including education, employment, attitudes, the built environment and transport. A prompt sheet with visual and written prompts related to these life domains was provided to each table to help facilitate the generation of ideas. A scribe was nominated at each table to record ideas. The small group discussions were followed by a whole-of-group discussion, moderated by the workshop facilitator. The scribe from each table reported back to the whole group on the ideas that had been generated by each table group. All ideas were written down by a member of the research team and this document was projected on a large screen at the front of the room in addition to being read and discussed aloud, to allow the group to follow the process. If new ideas were generated during the whole group discussion these were added to the document at this time.

Workshops ran for approximately one hour each. Interpreters and support staff were provided by the City of Melbourne. In addition, some participants were accompanied by a personal support person or paid support worker to assist their participation in the workshop. [removed for review] and [removed for review] reviewed the full list of statements for each group and removed obvious duplicates. [removed for review] and [removed for review] sorted the statements from the mixed disability pilot workshop into the relevant disability types, statements were added to multiple disability types where appropriate. Any disagreements were discussed with [removed for review] until consensus was reached.

Sorting and rating tasks were completed separately to the workshops. Participants were given the option to complete the tasks in-person with the assistance of research staff or online using CS Global MAX web-based software (Concept Systems Incorporated, 2016). Participants were asked to sort the ideas generated from the workshops into thematic piles in a way that made sense to them. Restrictions were that each idea could only be sorted into one pile, all piles had to contain more than one idea, and the ideas had to be sorted into more than one pile. After sorting the ideas, participants labelled each pile according to their interpretation of its contents. Participants were then asked to rate ideas, each on a 5-point Likert scale, based on importance (where 1 = relatively unimportant, and 5 = extremely important), and then again on feasibility (where 1 = relatively infeasible, and 5 = extremely feasible).

Multiple comparisons were made between attributions of importance and feasibility by government staff and people with disability, disability advocates, and academics (hereafter referred to as the disability group). We identified ideas and themes of ideas which the disability group rated as important, and government staff rated as feasible. The notions of importance and feasibility were left for participants to interpret themselves. Our conclusions highlight the ideas rated in the top 10% for importance by the disability group, in the top 10% for feasibility by government staff, or both.

The method has several limitations. First, there was an overrepresentation of people with physical and mobility disability, and underrepresentation of people with intellectual disability. Where participants were

unable to undertake in-person sorting and rating, the online software had poor accessibility. It required participants to have access to the internet and an associated device to undertake the tasks. Tasks (especially the sorting task) were complex, and additional materials such as Easy English instructions and cue cards would have made participation easier for some. Finally, feasibility ratings by government staff may not have been completed by staff in relevant areas. For example, ideas related to building code compliance might have been completed by staff working in the ‘International and Civic Services’ portfolio. Recording the different roles of government participants would have enabled us to consider the varying levels of expertise and weight staff statements accordingly in analyses.

Results

Ideas for a disability-inclusive city

The workshops generated a total of 240 ideas on how to enhance inclusion for people with disability. These ideas were grouped into 18 themes across the four disability categories. The full list of ideas and themes can be found at <https://doi.org/10.26188/5d2585f932e97>. There were differences between ideas generated by groups focusing on different disability types, but some themes reoccurred in each workshop. Both ideas that reoccurred consistently and ideas that illustrate conflicts of interest between people with different needs illustrate the limitation and potential of working with the concept of ‘feasibility’.

Recurring themes among all disability types

Mobility and public transport: Mobility was a prominent theme that reoccurred across the four disability categories. Public transport featured prominently in the discussions, but in each workshop, it was raised for different reasons. Physical accessibility of trams and trains, and stop design were raised by people with physical, mobility and sensory disability; while communication accessibility, including the need for announcements that were easy to understand and accurate with key information repeated, and a friendly approach by staff was raised by people with sensory disability, intellectual disability, and psychosocial

disability. The accessibility of public transport is particularly challenging feedback for the City of Melbourne to act on because local government in Australia has limited control over accessibility policy and measures on those services ([removed for review]).

Footpaths: Another consistency was that all workshop groups generated ideas about footpaths. Ideas responded to challenges related to footpath clutter, tripping hazards, cleanliness, wayfinding and conflict of use. Participants stressed accessibility challenges to do with blind spots around corners, poor kerb design, lack of rest spots, and insufficient footpath width. Use of contrasting materials for different surfaces was raised as an idea to assist people with vision impairment, while people with psychosocial disability raised the issue of having multiple contrasting surfaces. Here, the workshops revealed conflicts between the needs of people with different disability types, which complicates ‘feasibility’.

Consultation and legislation: Another reoccurring idea was the need to consult people with disability in policy decisions, with many participants highlighting self-determination principles such as ‘nothing about us without us’, meaning that decisions impacting people with disability must involve direct input from people with lived experience of disability who live, work or spend leisure time in the City of Melbourne. Participants stressed the need to consult people with disability in the design of legislation, building codes, the Disability Discrimination Act, and to involve people with lived experience of disability in compliance with legislation, education about legislation, and updates to legislation and design to align it with new technology and universal design principles.

Themes unique to disability type

Physical and mobility disability

Many of the ideas in this theme related to legislation such as improving Australian Standards and building codes, improving policing of building code compliance, embedding universal design principles in legislation, and consideration of the Disability Discrimination Act when designing new buildings. Some

ideas related to accessible bathrooms, including the design of accessible toilets and conflict of use when accessible toilets are used as baby change areas or storage. Some ideas related to accessible housing, entering buildings and shops, and building emergency evacuation procedures. Participants also highlighted the need to continually update legislation in line with changing technology. For example, participants raised the need to update standards for wheelchair access as these become larger and develop new electric features.

Participants stressed the importance of developing inclusive organisations, which have proportional representation of people with disabilities, for example through employment quotas and by training managers about accessibility. Other ideas related to events and included the provision of information about the accessibility of venues and events such as the quality of accessible seating, online booking processes and accessible rides. Other ideas related to the accessibility of tourist and leisure facilities included the provision of accessible tourist activities such as recumbent bikes. Participants stressed the value of City of Melbourne volunteers on streets, and of sign-posting for charging points for electric wheelchairs and scooters.

Sensory disability

Many of the ideas related to ensuring that adjustments are made for people with disability to ensure they have the same opportunities to participate. These included the provision of captioning and interpreters at events, accessible government forms, accessible bathrooms, employment opportunities for people with disability, and education and training. Workshops focused on sensory disability also generated a set of ideas related to technology such as use of visual and audio announcements, assistive software (e.g. apps showing the location of service providers, public transport, and navigational hazards), Bluetooth beacons, WIFI zones, and online and on-site 3D maps, which might help ease navigation.

Intellectual disability

Participants stressed the importance of ensuring information is communicated in Easy English, that visual and audio announcements are accurate and easy to understand, and that signage is accessible and consistent in design (including Easy English and large fonts). Other ideas related to the clarity of evacuation procedures, maps, and information about events. The workshop also generated ideas about employment of people with disability, inclusive organisations, reducing discrimination, providing training for customer service and event staff and disability support workers. The workshop also generated ideas on physical access and included ideas to make buildings, street furniture, toilets and playgrounds accessible.

Psychosocial disability

Participants in the workshops on psychosocial disability voiced ideas to create more awareness of the diversity and invisibility of disability. They also suggested training to improve the ability of different kinds of staff to communicate with people with psychosocial disability. Important areas for improvement for this group also focused on outreach services, quality of mental health care, psychological first aid, and support workers. Other ideas related to support for advocacy groups, employment, and stigma in the media.

Although it can be difficult to find appropriate, accessible housing, ([removed for review] the workshop on psychosocial disability was the only one to generate a set of ideas targeting challenges around housing. Ideas related to improving security and tenure of housing, providing more transition housing, soundproofing in private housing, eco-friendly housing and social housing. Other ideas related to supported accommodation for those over 65 years of age who do not require the continuous care offered in nursing homes, and strategies to make it easier to find suitable and supportive hotel accommodation.

Importance and feasibility

'Important' and 'feasible' ideas

Ten ideas were in both the top 10% of importance ratings for the disability group, and top 10% of feasibility ratings by government staff (Table 2).

TABLE 2 ABOUT HERE

'Important' but not 'feasible' ideas

Fifteen ideas were rated in the top 10% of importance by the disability group but not in top 50% of feasibility ratings by government staff (Table 3).

TABLE 3 ABOUT HERE

DISCUSSION

A care-full justice approach calls for prioritising actions people with disability themselves consider most important to enhance their inclusion in the city. This requires recognition and attention to diversity among people with disability, including differences in disability type as well as other social differences such as gender, cultural background, class, age and others. At the same time, feasibility considerations must not be conceived as a secondary technical problem of implementing what is already accepted as 'just', left to be managed by bureaucrats. Rather, feasibility is a moral issue, aligned with an ethics of care that is grounded and focused on actions, responsibility and competence; and also with an ethics of justice, including distributive justice as it relates to allocation of resources. Thus, feasibility considerations must be understood as integral to formulations of the care-full just city, which in itself can be conceived not as a desirable state-of-affairs, but as a set of responsibilities, competences and grounded actions.

The study reported in this paper addressed both elements described above, through direct engagement with both citizens and decision makers in government. Priority actions were identified by listening to the ideas generated by people with diverse types of disability on how to enhance their inclusion in the city and relying on their ratings of 'importance' to prioritise certain ideas. At the same time, accounting for

the ideas that policymakers identified as being most feasible, helped ground these ideas within a care-full justice approach that is also attentive to feasibility.

Ideas that were identified as both ‘important’ (to people with disability) and ‘feasible’ (according to local government officials) (detailed in Table 2), are actions that are most likely to achieve social inclusion gains in the immediate term, and as such represent obvious care-full justice value. At the same time, highly feasible ideas also represent ‘low hanging fruit’ for policymakers, and can be understood as actions that sustain rather than challenge the status-quo and underlying structures of oppression. Therefore, ideas rated as ‘important’ but ‘infeasible’ should not be dismissed as lacking care-full justice value. Nor should their low feasibility score serve as an excuse for inaction. On the contrary, prioritising a select number of ‘important but infeasible’ goals can be used as an urban policy strategy to initiate more transformative programs that require significant resourcing, and action on multiple fronts to address varied real and perceived barriers from lack of electoral support, through to fragmented governance arrangements (as in the case of the City of Melbourne’s franchised public transport service).

Further qualitative research is required to unearth the material constraints, discourses and assumptions that shape why and how people rate ideas as ‘important’ or ‘feasible’. For instance, in our study people with disabilities’ ‘important’ ratings, and local government employees’ ‘feasibility’ ratings were both likely shaped by wider discourses and legacies of action on accessibility and disability. One surprising finding in our workshops was that participants with intellectual disability (many of whom have no physical disability) ranked adjustments such as installation of ramps and accessible toilets high on ‘importance’. These ranking may be influenced by – and subsequently reproduce – common discourses that depict inclusion through the narrow lens of physical accessibility. It is therefore critical to further develop the method we used here to better understand how citizens and government staff understand and rate importance and feasibility.

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Tables

Table 1: Number of participants and ideas generated per brainstorming workshop by participant category and disability type.

Participant categories	Disability types				
	Mixed	Physical/ mobility	Sensory	Intellectual	Psychosocial
Workshop participants					
Government staff	4	6	5	5	5
People with disability	8	10	4	6	5
Disability advocates	3	4	1	2	2
Academics	1	1	1	2	1
Sorting and rating participants					
Government staff		11	13	9	10
People with disability		16	8	6	8
Disability advocates		3	1	2	1
Academics		1	1	1	2
Ideas					
Ideas generated per workshop	81	39	55	29	36
Total ideas generated*	NA	105	96	72	108

*following categorisation of mixed group

Table 2: Ideas for making the City of Melbourne more inclusive for people with disability, rated as important by the disability group and feasible by government staff.

Physical and mobility disability
Educate employers to promote inclusivity and equal opportunity
Increase access to a diverse range of jobs (full-time, part-time, working from home)
Always consult people with disability before planning things for people with disability ('nothing about us without us')
Sensory disability
Ensure government forms are accessible, succinct and easier to fill out
Advocate to the State Government on the needs of people with disability in future traffic modelling
Consult people with disabilities in the initial planning stages of new projects
Ensure that the City of Melbourne is a visibly inclusive organisation (e.g. public support for people with disabilities, staff receive high-quality disability training)
Intellectual disability
Provide Easy English information about people's entitlements
Psychosocial disability
Ensure organisations such as government and business provide ongoing disability awareness and support training for their employees (e.g. how to work with distressed clients)
Train policy officers and local laws/compliance officers to understand diversity of disability

Table 3: Ideas for making the City of Melbourne more inclusive for people with disability, rated as important by the disability group, but not feasible by government staff

Physical and mobility disability
Make all tram stops accessible
Improve the quality and consistency of Australian Standards and building codes (e.g. incorporate more universal design principles)
Make buildings more accessible
Include universal design principles in planning schemes and planning policy
Sensory disability
NA
Intellectual disability
Reduce discrimination in employment
Reduce conflict between bikes and pedestrians on footpaths (e.g. better bike parking, clearer bike lanes)
Make buildings more accessible
Create more accessible and adaptable housing (including apartments)
Improve accessible transport in regional Victoria
Psychosocial disability
Provide more, better quality mental health care
Provide support for a diverse range of advocacy groups (e.g. across all age ranges)
Provide more, better quality general health care
Improve reactions from first responders to be more positive towards people with psychosocial disability
Improve security and tenure of housing
Provide more social housing
